STATEMENT OF

| FORM 1 | ORGANIZ (See instruct | | | Office use only |
|-------------------------------|--|--|----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in | (Check if name full) is changed) | Example: If typying, to | ype 12FE4M5 | Office use of my |
| Darden Restau | urants, Inc. Employees Good G | overnment Fund | | |
| ADDRESS (number and | street) 5900 Lake Ellenor I | | | |
| (Check if address is changed) | 1 | | <u> </u> | 32809 - |
| | | CITY▲ | STATE | ZIP CODE 📥 |
| (Check if address is changed) | IL ADDRESS (Please provide only one bsalvas@darden.c | | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | | | | |
| 2. DATE 0.3 | | | | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00108282 | | |
| 4. IS THIS STATEM | NEW (N) OR | X AMENDED |) (A) | |
| I certify that I have exami | ned this Statement and to the best of my keeping to the best of the best of my keeping to the best of th | | correct and complete | |
| Signature of Treasurer | Electronically Filed by Robert S | s. McAdam | Date 0 3 | 16 / 2009 |
| NOTE: Submission of fa | lse, erroneous, or incomplete information m | | · | - |
| Office Use Only | | For further infor Federal Election Toll Free 800-42- | 4-9530 | FEC FORM 1 (Revised 02/2009) |